

Standard Diagnostic Assessment Example

Name: Rick Johnson

Date of Birth: July 5, 1992

Client Identification: 335488

CONTRIBUTIONS TO THE ASSESSMENT:

- Diagnostic interview with Rick on May 11, 2011
- Conversation with Rick's mother (Ms. Mary Johnson) at the start of the interview
- Release signed with Ms. Mary Johnson; no release to speak with previous mental health provider or health provider.

CURRENT LIFE SITUATION:

Age/Living Situation/Basic Needs/Education: Rick identifies as a White 18 year old from a Norwegian family line who lives in the East Metro. Rick recently graduated from high school (in an alternative high school setting). Rick lives in his parent's basement; he intends to move out when he gets a full time job and can afford rent with his girlfriend. Rick is struggling financially as he cannot find full time work; he has several bills which he cannot pay and consistently relies on his parents to subsidize his income. He currently is on MNCare. While Rick graduated from high school, he has not been able to find full time employment and relies on his parents to help him pay his bills. He works part-time at Target stocking shelves. He prefers it when they schedule him for the overnight shift.

Significant personal relationships: Rick prioritizes his relationship with his girlfriend of 4 months. He only spends time with her and states that he rarely sees anyone else. He met his girlfriend at a party; she goes to a local community college. He worries that she will break up with him because he can't find a job and he isn't as good at school as she is. He spends a lot of time with her so he knows that she still likes him and isn't getting hit on by anyone else. His parents are very involved in his life as well but he voiced anger at their "always being in his business." He's always been a homebody and has historically spent a lot of time with his parents (especially before he moved to the basement and got his own computer as a graduation present). He's an only child; he states that he wishes he had siblings so his parents would focus on someone else. Rick says that he feels like he never fit in in high school; he wasn't a jock or a "good student"—he just went to classes. He thinks he was really unpopular and he and his friends often got taken advantage of by the popular kids at school. The jocks took particular advantage of him during gym class and made him really self-conscious because they would laugh at every mistake.

Strengths and Resources: When in high school, Rick had many friends but he hasn't maintained contact since he left; he says that he "tried" Facebook but didn't like it. Most of his interactions with people (other than his girlfriend) are through on-line gaming that he plays all night long. He is really good at video games and feels like his community through World of Warcraft is solid. He likes on-line communication best because he doesn't have to see how other people react to him. He says he is also good at grilling and computers (his family calls him the "technical support whiz"). He has been able to

maintain his part-time job at Target for the past 3 years. Rick also sees his girlfriend's family as a resource for him; Rick feels like one of the reasons why he gets along so well with his girlfriend is because he likes her family so much. He says that he really loves that he can drop over at any time and they will include him in dinner or whatever they are doing. He reports that his own family was really rigid with guests and that it took him a while to realize that he didn't have to get permission all the time before he goes over to their house.

Health and Spiritual Beliefs: Rick grew up going to an ELCA Lutheran church and used to be quite active. For the past year, he hasn't wanted to attend and he refuses to explain what changed. Rick doesn't have a theory on why he feels this way. He can't really remember when he didn't. He hasn't tried anything but marijuana to try to feel better before coming to the appointment.

Contextual Non-Personal Factors Contributing to the Client's Presenting Concerns: Rick reports that news reports describing the status of unemployment in the country make him more anxious about trying to find a job and contribute to his feelings of being overwhelmed. He just feels like no one will hire him when they have other options. He feels daunted by the lack of jobs and when he hears about people his parents' age not being able to find employment he assumes he'll never find a job.

General Physical Health and Relationship to Client's Culture: Rick reports no medical issues except a history of asthma which can be exacerbated when stressed. He has routinely received standard medical care over the years.

Current Medications: Rick reports that he has a steroid inhaler that he keeps with him (but often forgets at home) to treat his asthma on an as needed basis. Rick is not currently on any other medications.

REASON FOR THE ASSESSMENT

Reason for Referral and Perception of Condition: Rick says that his mom made him come today. She brought him into the room, expressed her concern for his anxiety about getting a job and her concern for the smell of marijuana in the basement and then left the room. Rick states that he thinks his parents are "making a mountain out of a mole hill"; he does get anxious when filling out job applications, but "doesn't everyone?" He says that he doesn't like feeling anxious and he wishes his family had lots of money so he didn't have to find a job. Sometimes he plays the lottery hoping that he'll win millions and the whole problem will go away.

Description of Symptoms: Rick states that he has trouble getting up in the morning and can't go to sleep at night because his thoughts are racing about all the social interactions of the day. He says that he came to therapy because he just starts shaking when he's filling out job applications and he feels overwhelmed. He reports having a persistent fear of taking his driving test, filling out job applications, and talking to new people because he is worried he will behave in an embarrassing manner. Before having social contact he states that his stomach is upset, he has a flight of ideas, and feels an unbearable amount of anxiety. He says that he smokes marijuana sometimes and that his mom bugs him about it all the time. Sometimes he says he keeps smoking to make himself feel less anxious and that he stays up too late to make his shift the next day. He's received several warnings about coming into work late and

he's worried they will fire him and then he won't even have a part-time job. He admits to being embarrassed about his situation and that he feels worthless. He does feel sad but not all the time and nowhere near like he did before when he was in junior high.

History of Mental Health Treatment: Rick's mother reports that he saw a therapist when he was in junior high and his mom reports that he was depressed and took Zoloft but "it didn't help, he was still depressed". He refused to sign a release of information to talk to the previous provider.

Important Developmental Incidents: Rick reported that he doesn't remember when he walked and talked and can't remember his mother talking about it. He reports that he had trouble learning how to drive because the thought of taking the test with someone he didn't know watching him drive has kept him from getting his license. He only started dating in the past year. He's never asked a girl out, he's thankful that his current girlfriend pursued him.

Maltreatment, Trauma, or Abuse issues: Rick denies anything "really bad" ever happening to him. Rick denies that anyone in his family ever beat him or hit him. He does think that the kids in his school were really mean to him and made changing in the locker room and trying out for basketball impossible.

History of Alcohol and Drug Usage and Treatment: Rick reports that he doesn't drink but he has smoked pot. He says that he smokes a few times a week because it helps calm his nerves when he thinks about applying for jobs. His mother reports that she smells weed daily and is worried about his use. He does admit to being late for work sometimes after heavy use. He says it is no big deal and that his girlfriend is okay with it.

Health History and Family Health History: Rick reports that his mom and dad both have high blood pressure and take medication. He says that his uncle has PTSD from the Gulf War and that he thinks 2 of his paternal aunts have been through chemical dependency treatment for alcohol.

Cultural Influences: Rick is an European American male who has lived most of his life in a first ring suburb outside of St. Paul. He considers himself to be from the working class and says that his parents always boasted that he would be the first one to go to college. He admitted that he feels shame that he couldn't take the ACT last year and couldn't fill out the applications because he was so worried he would fail. He identifies with having an internal locus of control which he says contributes to feeling embarrassed about not being able to get a full time job or go to college. He says that he doesn't really have any friends who aren't white and most of his friends are loners—and are on-line gamers like him. Rick, as he often feels nervous in front of people, tends to look at the ground when people are talking and doesn't speak very loudly. He says that he feels much more confident when typing/talking than speaking—especially in public. Rick feels like a lot of what is going on for him is out of his control. He can't find a job because the job market is horrible. He can't take his driver's license test because the evaluator seems judgmental and scary. It all seems out of his hands.

MENTAL HEALTH STATUS EXAM

Rick looks like an average 18 year old European American male, he is of average height and weight. He maintained low level of eye contact and spent most of the time looking at the floor and mumbling. He appeared nervous and scared of engaging with the interviewer. He demonstrated no issues with thought content or process; he voiced no issues of harm to self or others. He was oriented to person, place and time. He indicated no memory issues. He voiced concerns about being able to sustain attention and concentration but managed appropriately during the interview. He seemed to have insight into his knowing that his fears of failure and public humiliation were unrealistic but could not stop the worry anyway. His affect was flat, his mood was anxious, and he seems to be well within the normal range of intelligence.

SCREENINGS USED TO DETERMINE SUBSTANCE USE:

Rick's CAGE-AID indicates he needs further CD assessment

CAGE-Adapted to Include Drugs (CAGE-AID) Screening Instrument	
1. Have you ever felt you should Cut down on your drinking or drug use?	Drinking: YES _____ NO <input checked="" type="checkbox"/> Drug Use: YES <input checked="" type="checkbox"/> NO _____
2. Have people Annoyed you by criticizing your drinking or drug use?	Drinking: YES _____ NO <input checked="" type="checkbox"/> Drug Use: YES <input checked="" type="checkbox"/> NO _____
3. Have you ever felt bad or Guilty about your drinking or drug use?	Drinking: YES _____ NO <input checked="" type="checkbox"/> Drug Use: YES _____ NO <input checked="" type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?	Drinking: YES _____ NO <input checked="" type="checkbox"/> Drug Use: YES _____ NO <input checked="" type="checkbox"/>
SCORE: Number of "Yes" Answers <u>2</u> SCORING	
<input checked="" type="checkbox"/> Screened positive = a score of 1 or greater	

CAGE Adapted to Include Drugs
Brown, R., and Rounds, L. Conjoint screening questionnaires for alcohol and drug abuse: two pilot studies. Unpublished study, 1991.

CAGE
Ewing, J.A. Detecting alcoholism: The CAGE questionnaire. *Journal of the American Medical Association* 252:1905-1907, 1984.

CLINICAL SUMMARY/ ASSESSMENT OF CLIENT NEEDS:

Rick states that he has had difficulty in social situations for the past year or more. He reports having a persistent fear of taking his driving test, filling out job applications, and talking to new people because he is worried he will behave in an embarrassing manner. Before having social contact he states that his stomach is upset, he has a flight of ideas, and feels an unbearable amount of anxiety. He states that he knows his fear is excessive. He wants to not be scared so that he can move out of his parents' home to an apartment with his girlfriend. Rick, as he often feels nervous in front of people, tends to look at the ground when people are talking and doesn't speak very loudly. He says that he feels much more confident when typing/talking than speaking—especially in public. Rick likes to spend time with people, but tends to be nervous about what other people are thinking about him and gets overwhelmed with their facial responses and non-verbal communication. This is why he prefers on-line interactions with people he doesn't know very well. He feels more confident and he enjoys communicating with others a lot more if he doesn't have to do it face-to-face.

By Rick's report, because of his fear he smokes marijuana, isolates in the basement, cannot get a new job and limits his mobility (lack of driver's license). As he had these symptoms before his marijuana habit, they are not due to his substance use. Rick does, though, also meet the criteria for Cannabis Abuse as he has been using the substance in a recurrent manner which keeps him from engaging in social activity because he prefers to get high while playing video games and he has difficulty getting to work the next day due to the previous day's use.

Rick currently does not meet criteria for panic attacks although he should be monitored for further symptom development. He denies symptoms that match cannabis dependence at this time but further evaluation by a chemical dependency counselor should occur to confirm. Due to Rick's anxiety and substance abuse disorder, he needs intensive community based services which, if he participates fully, should keep him from needing more intensive services such as inpatient chemical dependency or mental health treatment. Rick has a supportive family and extended family (through his girlfriend) and states that they will be able to provide him encouragement through the treatment process.

Axis I: 300.23 Social Phobia, generalized

305.20 Cannabis Abuse

Axis II: none

Axis III: Asthma

Axis IV: underemployment, limited friends

Axis V: GAF: 51

Recommendations for further services which are medically necessary due to his anxiety and substance abuse disorder to prevent more intensive services:

- Individual Psychotherapy to work on anxiety reduction in combination with rehabilitative services (ARMHS) to increase skills around: social, educational and vocational functioning, which skills he did not obtain due to his symptoms of anxiety.
- Group psychotherapy or group ARMHS in order to increase skills he did not obtain due to his symptoms of anxiety, in real life social situations that are in a therapeutic environment.
- Chemical Dependency evaluation as it relates to Rick's marijuana use.
- Rick is eligible for Vocational Rehabilitative services as he has limited experience and skills in this area as well as anxiety symptoms. A referral to this program for an assessment will be made.

Jane Jackson, MSW, LGSW

5/13/2011

Jane Jackson, MSW, LGSW

Theresa Thomas, MSW, LICSW, LMFT 5/13/2011

Theresa Thomas, MSW, LICSW, LMFT